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FOR Required for
internal examination

19-854/1250

7298

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10/02	Commissioner for Patents	7298	MOF	MOF - PA19, P15

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THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

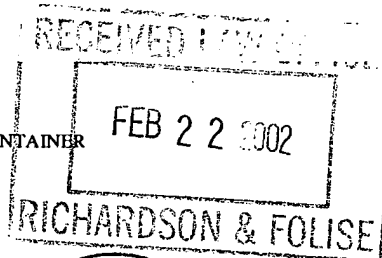
Applicant: Michelle J. Pillers et al.
Title: TWIST LID FOR INSULATED BEVERAGE CONTAINER
Serial No: 09/479,410
Docket: PA19.P15
Date: January 18, 2002

Commissioner for Patents
Box AF
Washington, D. C. 20231

Please acknowledge receipt of the following:
1. Amendment Cover Letter
2. Amendment and Response after Final Action
3. Check No. 7298 for \$370.00

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Docket No.: PA19.P15
Date: January 18, 2002

In re application of Michelle J. Pillers et al.
Serial No.: 09/479,410
Filed: January 6, 2000
For: TWIST LID FOR INSULATED BEVERAGE CONTAINER

THE COMMISSIONER FOR PATENTS
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment and Response after Final Action, including a Request for Continued Examination of application under 37 C.F.R. § 1.114 in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under CFR 1.9 and 1.27 is enclosed.
- ☐ A Request for an Extension of Time for ☐ month(s) is enclosed.
- ☒ No additional claim fee is required.
- ☒ The fee has been calculated as shown.

	(Col. 1) Claims Remaining Amendment Previously Paid For	(Col. 2) Highest No.	(Col. 3) Present Extra*	Small Entity Small Entity	OR Other Than a	After
Total	<input type="checkbox"/> Minus <input type="checkbox"/> **	=0	x \$9 =		x \$18 =	
Indep.	<input type="checkbox"/> Minus <input type="checkbox"/> ***	=0	x \$42 =		x \$84	
First Presentation of Multiple Dep. Claim			+\$130=		+260	
Fee for Request for Extension of Time			\$		\$	
Fee for Request for Continued Examination			\$370.00		\$ 740	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of prior amendment or the number of claims originally filed.

Addit. Fee: 370.00 OR Total

- ☐ Please charge my Deposit Account No. 18-1355 in the amount of \$_____. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$370.00 is attached.
- ☒ The Commissioner is hereby authorized to charge any fees associated with this communication or credit any overpayment to Deposit Account No. 18-1355. A duplicate copy of this sheet is enclosed.
- ☐ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
RICHARDSON & FOLISE

Michael J. Folise
Reg. No. 31,952